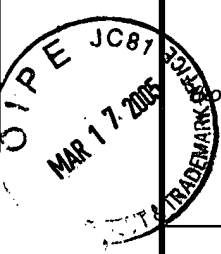


\$ IAW

This Form Based on PTO/SB/21



TRANSMITTAL FORM

to be used for all correspondence after initial filing)

Application Number	10/806,274
Filing Date	March 23, 2004
First Named Inventor	FUJII
Group Art Unit	2826
Examiner Name	Dickey, Thomas L.
Attorney Docket Number	01-586

ENCLOSURES (check all that apply)

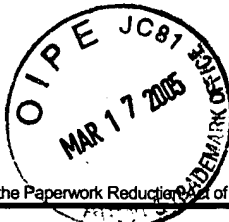
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz Law Group, PLC
-------------------------	---------------------

Signature	
-----------	---

Date	17 MAR 2005
------	-------------



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div>Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div>FEE TRANSMITTAL For FY 2005</div>		Complete if Known	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	10/806,274
		Filing Date	03/23/04
		First Named Inventor	FUJII
		Examiner Name	Dickey, Thomas L.
TOTAL AMOUNT OF PAYMENT (\$)		120	Art Unit 2826
		Attorney Docket No.	01-586

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	18	9
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	88	44
Multiple dependent claims	300	150

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x **\$50** = **\$0** **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x **\$200** = **\$0**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = **\$0**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition and Fee for One-Month Extension of Time **\$120**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,377	Telephone	(703) 707-9110
Name (Print/Type)	JAMES E. BARLOW	Date	March 17, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

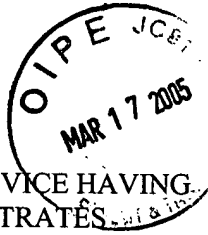
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): FUJII

Application No.: 10/806,274

Filed: March 23, 2004

Title: SEMICONDUCTOR DEVICE HAVING
MULTIPLE SUBSTRATES



Attorney Docket No.: 01-586

Group Art Unit: 2826

Examiner: Dickey, Thomas L.

March 17, 2005

RESPONSE TO ELECTION OF SPECIES REQUIREMENT

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Window
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Sir:

In response to the Election Requirement mailed on February 10, 2005 in connection with the above application, Applicant hereby elects the embodiment identified by the Examiner as first embodiment of Figs. 1-5 without traverse. Applicant states that claims 1-7 read on first embodiment.

Examination of the present application in view of the above election and remarks is respectfully requested.

Please charge any necessary fees to Deposit Account 50-1147.

Respectfully submitted,

James E. Barlow
Reg. No. 32,377

Posz Law Group, PLC
11250 Roger Bacon Drive, Suite 10
Reston, VA 20190
(703)707-9110 (phone)
Customer No. 23400